

PLACE PERMISSION (30 DAYS)

The Michigan Special Education Code, Rule 340.1722(e) allows placement of a handicapped person transferring to another school district in an appropriate educational program for a period not to exceed thirty (30) school days with written consent of the parent or guardian.

Date of Last MET	Date of Last IEP	Birthdate	Ethnic Group	Sex	Grade	Student's Native Language
Student's Last Name		Student's First Name		Middle Initial	UIC CODE	
Student's Home Address			City	Zip Code	Home Telephone ()	
Parent/Guardian Last Name		Parent/Guardian First Name			Parent's Home Telephone ()	
Parent/Guardian Address (if different)			City	Zip Code	Parent's Work Telephone ()	
Resident District		Operating District			Attending Building	
ISD Moving FROM			School District Moving FROM			

Student's Impairment: (Circle) CI EI HI VI PI OHI SLI ECDD SLD SXI ASD TBI

PROGRAM: (Check One): Categorical Program Resource Program

Hours/Periods Per Day: _____

Implementor: _____ Implementation Date: _____

ANCILLARY AND RELATED SERVICES / FREQUENCY: (Check as many as apply)

- | | |
|---|---|
| <input type="checkbox"/> OT - R340.1701(c) _____ | <input type="checkbox"/> O&M - R340.1701(c) _____ |
| <input type="checkbox"/> PT - R340.1701(c) _____ | <input type="checkbox"/> SSW - R340.1701(c) _____ |
| <input type="checkbox"/> SLI - R340.1745 _____ | <input type="checkbox"/> TC - R340.1749 _____ |
| <input type="checkbox"/> OTHER - R340.1701(c) _____ | |

IEP WILL BE HELD BY: _____ (date)

PARENT CONSENT:

- I understand my rights as defined in the enclosed parent handbook entitled "Procedural Safeguards".
- I give permission for the program placement and/or services as indicated above.
- I refuse permission for the above program placement and/or services as indicated above, **AND**
 - I do not wish to have my child enrolled in special education.
 - I would like an immediate IEPT meeting.

_____ Parent or Legal Guardian

_____ Date